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Bib Data Sheet

CONFIRMATION NO. 2799

SERIAL NUMBER 09/842,819	FILING DATE 04/26/2001 RULE	CLASS 606	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. KLYC-01033US4
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/219,985 07/21/2000
 and is a CIP of 09/579,039 05/26/2000 PAT 6,451,019
 which is a CIP of 09/473,173 12/28/1999 PAT 6,235,030
 which is a CON of 09/179,570 10/27/1998 PAT 6,048,342
 which is a CIP of 09/175,645 10/20/1998 PAT 6,068,630
 which is a CIP of 08/958,281 10/27/1997 PAT 5,860,977
 which is a CIP of 08/778,093 01/02/1997 PAT 5,836,948

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/11/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CA	104	44 33	4

Examiner's Signature *[Signature]* Initials *[Initials]*

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TITLE

SUPPLEMENTAL SPINE FIXATION DEVICE AND METHODS

<p>FILING FEE RECEIVED 676</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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